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CASE OF FIBROUS POLYPUS.

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LORD ——— applied to me on the 29th of June last, under the following circumstances:—About three years ago, while employed in the public service abroad, he had fallen from horseback, and sustained an injury of the nose, followed at different times by profuse bleeding,—on one occasion to the amount, it was said, of several pints,—and complete obstruction of the nasal passages, with the loss of smell and taste. Some ineffectual attempts to afford relief had been made by a military surgeon, who detected a polypous growth in the right nostril, and extracted small portions of it. The patient, in quest of more efficient assistance, had come home, and placed himself under the care of an eminent surgeon in London, who made repeated attempts at extraction, without success, and then proposed a consultation, which led merely to the prescription of alterative medicines. Two other very distinguished surgeons of the metropolis were then taken into the case, with the result of discovering a tumour in the throat. It was proposed to remove this growth by cutting through the soft palate; and deliberations were held as to the practicability and expediency of such a procedure. But, finally, at the end of two months, the original resolution against any operative interference was unanimously adopted. The patient then came to Edinburgh, bringing with him a letter to me from the gentleman first consulted, who stated in it, that he and the three other surgeons had, after careful examination, and repeated deliberations, resolved that the case did not admit of any beneficial interference.

The patient was about 34 years of age, tall, thin, and well made, without any expansion of the nasal feature, which, on the contrary, was rather narrower than usual. Upon putting my finger into the pharynx, behind the soft palate, I was surprised to recognise in the

tumour, which had excited so much alarm, merely the extension of a polypous growth from the nose backwards, and offered at once to remove it without delay or ceremony. But to this proposal it was objected by the patient, and two of his brothers who accompanied him, that it would be requisite to obtain the consent of their friends in London before anything should be done in a matter engaging the sympathies of a large family connection, and in opposition to the judgment of so many distinguished surgeons. Letters, therefore, were despatched to the principal parties concerned, and in the meantime I repeated my examination of the case.

Both nostrils were completely obstructed, in regard to inspiration as well as expiration. There was nothing to be seen or felt in the left one; but in the right a small portion of polypus, similar to the ordinary mucous growth, could be perceived. Pressure upon the pharyngeal tumour excited profuse bleeding, not so much from the throat as from the nose. At all times there was a copious distillation from the nostril of slightly coloured fluid, which, as it could not be expelled by blowing, admitted of removal only by a wringing sort of action, hardly less disagreeable to witness than to endure. At night, notwithstanding every precaution, the bed-clothes were soiled by this never-ceasing flow of watery discharge. When the certain, and not remotely fatal termination of his complaint, which had been predicted to the patient by his London attendants, is added to these constant sources of distress, it may be imagined that his state was nowise comfortable, and that he gladly availed himself of the sanction which in due season arrived for the execution of my proposal.

On the 7th of July, having requested my friend Dr Duncan to give me his counsel and assistance, I introduced the small polypus forceps, always employed by me, into the right nostril, and co-operating with the fore and middle fingers of my left hand, inserted behind the soft palate, speedily extracted the morbid growth in one mass through the nose. The bleeding, which had been very profuse, immediately ceased, and the patient breathed with perfect freedom by both nostrils. He remained quite well ever afterwards; and three months having passed without any threatening of a relapse, has gone to resume his duties in the colony to which he was attached.

The polypus, when examined, was found to consist principally of a fibrous substance, possessing a reddish colour, and a texture so very firm as to resist almost any degree of extensive force. At the part farthest from its centre, where it descended into the pharynx, the growth had a bulbous form, and more friable consistence. It thus, in all respects, completely agreed with the characters of what M. Dupuytren designated the "fibrous polypus"—namely, an extremely firm consistence at the central or original part, a tendency to soft degeneration at the circumference, a great disposition to bleed, a strong adhesion to the surface of bone upon which it grows, and the absence of any malignant action after its complete evulsion. Such cases are very rare, and I consider myself fortunate in having wit-

nessed one of the two which Dupuytren has particularly related. In my own practice I have met with some remarkable examples of the disease, especially one in which I found it necessary to remove the superior maxillary bone in order to obtain the access requisite for applying forceps with effect ; and another, where, having divided the upper lip to obtain sufficient space, I found that the polypus grew from the inferior spongy bone, and readily detached it by means of the cutting pliers. In the latter case, the patient, though nearly exhausted by hemorrhage previously to the operation, enjoyed good health for many years afterwards, and, so far as I know, still continues to do so.

In conclusion, I may remark, that the source of Lord ——'s complaint probably existed long before the accident to which it was attributed, since he breathes with more freedom, and, on the whole, has a feeling of greater comfort, than he recollects to have enjoyed at any time previous to the operation.



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